

**NURSING BOARD[655]**

**Adopted and Filed**

**Rule making related to preceptorships**

The Board of Nursing hereby amends Chapter 2, “Nursing Education Programs,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 147.76 and 152.5.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 152.

*Purpose and Summary*

The Board’s Advanced Registered Nurse Practitioner (ARNP) Advisory Committee reviewed Chapter 2 and made suggestions to align the rules with current nursing education, research, and practice trends. The Board adopted these amendments after considering the Committee’s recommendations. This rule making first amends the definition of “preceptor” to be consistent with how the term is used throughout the chapter. This rule making also explains that educational programs may not require students to find their own preceptors, and programs must instead work with students to identify appropriate preceptors. This rule making also separates the standards for ARNP and undergraduate/non-ARNP preceptorships, and clarifies that ARNP preceptors must be licensed as ARNPs or physicians.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 29, 2020, as **ARC 5117C**. A public hearing was held on August 18, 2020, at 10 a.m. at the Board’s office, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa. No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Board on October 14, 2020.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 655—Chapter 15.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s

meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on December 23, 2020.

The following rule-making actions are adopted:

ITEM 1. Amend rule **655—2.1(152)**, definition of “Preceptor,” as follows:

“*Preceptor*” means a licensed individual who meets Iowa board of nursing qualifications as specified in this chapter, is on staff at the facility where the experience occurs, is selected by the educational facility nursing program in collaboration with the clinical facility, and is responsible for the on-site direction of the student over a period of time.

ITEM 2. Amend subrule 2.4(2) as follows:

**2.4(2)** The program shall provide to the board the nursing education program report and requested materials addressing all aspects of the program outlined in rules 655—2.8(152) to ~~655—2.17(152)~~ 655—2.18(152) and documenting how the criteria for approval are met. Documentation may include current information submitted by the program to other approving and accrediting entities.

ITEM 3. Amend rule 655—2.15(152) as follows:

**655—2.15(152) Preceptorship Undergraduate and non-ARNP graduate program preceptorship.**

**2.15(1)** A preceptor shall be selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

*a.* A nursing education program shall not require students to find their own preceptors. The nursing education program and student shall work together to find an appropriate preceptor.

*b.* The student shall have the preceptorship learning experience with a preceptor who has equivalent licensure as the student or practices in the same role for which the student is preparing.

**2.15(2)** The qualifications of a preceptor shall be appropriate to support the ~~philosophy/mission~~ philosophy, mission, and outcomes of the program.

*a.* The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.

*b.* The preceptor shall be currently licensed as a registered nurse, licensed practical nurse, or advanced registered nurse practitioner according to the laws of the state in which the preceptor practices.

*c.* The preceptor shall function according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications, developed by the program, shall address educational preparation, experience, and clinical competence.

*d.* The program shall be responsible for informing the preceptor of the responsibilities of the preceptor, faculty and students.

*e.* The program shall retain ultimate responsibility for student learning and evaluation.

**2.15(3)** The program shall inform the board ~~of about the~~ preceptorship learning experiences experience process.

*a.* Written preceptorship agreements shall be reviewed annually by the program.

*b.* The board may conduct a site visit to settings in which preceptorship experiences occur.

*c.* The rationale for the ratio of students to preceptors shall be documented by the program.

**2.15(4)** An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the ~~philosophy/mission~~ philosophy, mission, and outcomes of the program.

ITEM 4. Renumber rules **655—2.16(152)** and **655—2.17(152)** as **655—2.17(152)** and **655—2.18(152)**.

ITEM 5. Adopt the following new rule 655—2.16(152):

**655—2.16(152) ARNP program preceptorship.**

**2.16(1)** A preceptor shall be selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

*a.* A nursing education program shall not require students to find their own preceptors. The nursing education program and student shall work together to find an appropriate preceptor.

*b.* The student shall have the majority of preceptorship learning experiences with a preceptor who is an ARNP or physician with the same role and population focus for which the student is preparing.

**2.16(2)** The qualifications of a preceptor shall be appropriate to support the philosophy, mission, and outcomes of the program.

*a.* The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.

*b.* The preceptor shall be currently licensed as an advanced registered nurse practitioner or physician according to the laws of the state in which the preceptor practices.

*c.* The preceptor shall function according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications, developed by the program, shall address educational preparation, experience, and clinical competence.

*d.* The program shall be responsible for informing the preceptor of the responsibilities of the preceptor, faculty and students.

*e.* The program shall retain ultimate responsibility for student learning and evaluation.

**2.16(3)** The program shall inform the board about the preceptorship learning experience process.

*a.* Written preceptorship agreements shall be reviewed annually by the program.

*b.* The board may conduct a site visit to settings in which preceptorship experiences occur.

*c.* The rationale for the ratio of students to preceptors shall be documented by the program.

ITEM 6. Amend renumbered subrule 2.18(4) as follows:

**2.18(4)** If a program makes changes as part of a plan to improve the program's NCLEX® passing percentage, pursuant to rule ~~655—2.16(152)~~ 655—2.17(152), such changes must also be separately submitted to the board for approval pursuant to this rule.

[Filed 10/28/20, effective 12/23/20]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 11/18/20.